

EXHIBIT N

Booking Observation Report
Allegheny County Jail
Today's Date: 03/29/2016

Inmate Information

Name: ORLANDO, JOHN
DOC#: 69335 Booking#: 2016-03627
Social Security#: [REDACTED] INSM#:

Sex: M Race: W DOB: [REDACTED]
SID#: 23706253 FBM: 206326253

Booking Observation Questions

Answers are Y = Yes, N or Blank = No, R = Refused to Answer

| Order | Question | Y/N/R |
|-------|---|-------|
| 1 | DO YOU HAVE A SERIOUS MEDICAL CONDITION THAT MAY REQUIRE ATTENTION WHILE YOU ARE HERE | Y |
| 2 | ARE YOU CURRENTLY TAKING A PRESCRIPTION MEDICATION THAT MAY NEED CONTINUATION WHILE YOU ARE HERE | N |
| 3 | DO YOU HAVE A SERIOUS MENTAL HEALTH CONDITION THAT MAY REQUIRE ATTENTION WHILE YOU ARE HERE | Y |
| 4 | ARE YOU CURRENTLY HAVING SUICIDAL THOUGHTS | N |
| 5 | HAVE YOU EVER ATTEMPTED SUICIDE | Y |
| 6 | HAVE YOU RECENTLY INGESTED POTENTIALLY DANGEROUS LEVELS OF DRUGS AND/ OR ALCOHOL | N |
| 7 | HAVE YOU EVER HAD A CLOSED HEAD INJURY THAT RESULTED IN A PERMANENT DISABILITY | N |
| 8 | HAVE YOU EVER EXPERIENCED SERIOUS WITHDRAWAL SYMPTOMS FROM ALCOHOL OR DRUGS | Y |
| 9 | HAVE YOU RECENTLY TAKEN OR BEEN PRESCRIBED MEDICATION FOR EMOTIONAL PROBLEMS | Y |
| 10 | HAVE YOU BEEN HOSPITALIZED FOR EMOTIONAL PROBLEMS WITHIN THE LAST YEAR | Y |
| 11 | DO YOU HAVE A DISABILITY THAT WILL IMPACT YOUR ABILITY TO UNDERSTAND INSTRUCTIONS | N |
| 12 | DO YOU UNDERSTAND THAT YOU MAY REQUEST HEALTHCARE SERVICES AT ANY TIME WHILE YOU ARE HERE | Y |
| 13 | IS THIS YOUR FIRST INCARCERATION | N |
| 14 | ARE YOU AWARE OF ANY REASON YOU SHOULD BE SEPARATED FROM ANOTHER INMATE WHILE YOU ARE HERE | N |
| 15 | HAVE YOU EVER REQUIRED SEPARATION FROM ANOTHER INMATE WHILE INCARCERATED IN ANOTHER FACILITY | N |
| 16 | ARE YOU CONCERNED THAT YOU WILL BE PHYSICALLY OR SEXUALLY ASSAULTED DURING YOUR STAY IN THIS JAIL | N |
| 17 | HAVE YOU EVER BEEN A VICTIM OF SEXUAL ASSAULT BY AN INMATE | N |
| 18 | HAVE YOU EVER BEEN SEXUALLY ASSAULTED | Y |
| 19 | HAVE YOU EVER SEXUALLY ASSAULTED ANOTHER PERSON | Y |
| 20 | ARE YOU A VETERAN OF THE ARMED FORCES | N |
| 21 | HAVE YOU PROVIDED US WITH ALL THE INFORMATION THAT YOU WANT US TO BE AWARE OF WHILE YOU ARE HERE | Y |
| 22 | HAVE YOU UNDERSTOOD ALL OF THE QUESTIONS ASKED OF YOU | Y |
| 23 | DOES THE BOOKING OFFICER FEEL THAT THE ARRESTEE IS CAPABLE OF UNDERSTANDING ALL THE QUESTIONS ASKED | Y |
| 24 | DOES THE PERSON HAVE ANY COMMUNICATON BARRIES | N |
| 25 | DOES THE PERSON HAVE ANY INSTITUTIONAL HISTORY OF ALERTS | N |
| 26 | DOES THE BOOKING OFFICER FEEL THAT THE ARRESTEE SHOULD BE REFERRED TO A SUPERVISOR FOR REVIEW | N |

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27 IS THERE ANY INDICATION THAT THE PERSON MAY ENGAGE IN
SELF HARMING BEHAVIOR

N

28 ANY INDICATIORS THAT COULD PLACE PERSON AT RISK OF
BEING SEXUALLY ASSAULTED DURING THEIR STAY

N

By my signature, I agree that the above is true to the best of my knowledge.

Officer Signature

Medical Personnel Signature

Intake Staff